

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 4 25

Registered No. 1201

PLACE OF BIRTH

County Maricopa State Ariz.
 District or Township Good Samaritan Hosp.
 City Phoenix No. _____ St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Barbara Ruth Boston
 { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other. _____ 5. No., in order of birth. _____ 6. Legitimate? yes 7. Date of birth 8-16-29
 Month Day Year

8. FATHER
 Full name Robert Fred., Boston

9. Residence 1106 N. Mathew St.
 (Usual place of abode) Phoenix
 If non-resident, give place and state. Ariz.

10. Color or race W. 11. Age at last birthday 25 (Years)

12. Birthplace (city or place) Phoenix
 (State or country) Arizona

13. Occupation Truck Driver
 Nature of Industry (Alabama Freight)

14. MOTHER
 Full maiden name Thelma Olvey

15. Residence 1106 N. Mathew St.
 (Usual place of abode) Phoenix
 If non-resident, give place and state. Ariz.

16. Color or race W. 17. Age at last birthday 19 (Years)

18. Birthplace (city or state) Indianapolis
 (State or country) Ind.

19. Occupation _____
 Nature of industry _____

20. Number of children of this mother. _____ (a) Born alive and now living. 1
 (Taken as of time of birth of child herein certified and including this child.) (b) Born alive but now dead. _____
 (c) Stillborn. _____ 21. Were precautions taken against opthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was born alive at 10 28 m. on the date above stated.
 (Born alive or stillborn)

Signature D. S. D. Little (Physician or midwife.)
 *When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report. Address _____
 Month, day, year

Registrar. Filed Aug 27 1929 Woodman Registrar.